

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000056754**

1. Corporation Name

CHAPEL DEVELOPMENT, INC.

Principal Place of Business

6641 GENTLE BEN CIR
WESLEY CHAPEL FL 33543

Mailing Address

6641 GENTLE BEN CIR
WESLEY CHAPEL FL 33543

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6600 Gentle Ben Circle
Suite, Apt. #, etc.

City & State
Wesley Chapel, FL

Zip Country
33544 US

3. New Mailing Office Address, If Applicable,

6600 Gentle Ben Circle
Suite, Apt. #, etc.

City & State
Wesley Chapel, FL

Zip Country
33544 US

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1995

5. FEI Number

NOT APPLICABLE

Applied For

NoLApplicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MEYER, CINDY	3743 SANDALWOOD DR	LAND O' LAKES FL 34639

300003469573--1
-11/20/00--01016--006
****758.75 ****758.75

8. Name and Address of Current Registered Agent

O'MALLEY, ANDREW M
100 S ASHLEY DR
SUITE 1190
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

CINDY MEYER-WEBB

Street Address (P.O. Box Number is Not Acceptable)

6600 Gentle Ben Circle
Suite, Apt. #, Etc.

City

Wesley Chapel,

State

FL

Zip Code

33544

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Cindy Meyer, Director

Date

10/17/00

Daytime Phone #

(813) 973-1318

CR2E040 (8/00)